



**QUARTERLY
TRANSMITTAL**
Public Schools

Form # 171

1400 West Third, Little Rock, AR 72201
Phone (501) 682-1517 or (800) 666-2877
Fax (501) 683-1210
Website - <http://www.artrs.gov>

Employer Name

5 Digit Employer #

Quarter Ending Date

Contact Person for Reconciliation

Phone #

Employer E-Mail

CONTRIBUTORY PLAN

1. Regular Contributory Salary

2. Federal Contributory Salary

3. Total Regular & Federal Cont. Salaries

NON-CONTRIBUTORY PLAN

4. Regular Non - Cont. Salary

5. Federal Non-Cont. Salary

6. Total Regular & Federal Non-Cont. Salaries

TOTAL CONTRIBUTORY AND NON-CONTRIBUTORY PLAN

7. Total Regular Cont. &
Non-Cont. Salaries (1 + 4)

8. Total Federal Cont. &
Non-Cont. Salaries (2 + 5)

9. Total Regular & Federal Cont. &
Non-Cont. Salaries (3 + 6)

EMPLOYEE 6% CONTRIBUTIONS

10. Regular 6% Contributions
(1 X 6%)

11. Federal 6% Contributions
(2 X 6%)

12. Total Regular & Federal Contributions
*Amount should match #17. Indicate
difference in "Notes" section*

EMPLOYER 14% EMPLOYER CONTRIBUTIONS

13. Total Regular Employer Contributions
(7 X 14%)

14. Total Federal Employer Contributions
(8 X 14%)

15. Total Employer Contributions Due
*Amount should match #18. Indicate
difference in "Notes" section*

MONTHLY AMOUNTS REMITTED FOR THIS QUARTER

MONTH	EMPLOYEE 6 %	EMPLOYER 14%
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Notes:

TOTALS 17.

18.

Submitted by:

**A copy of your APSCN Short Report MUST be attached to this form & submitted electronically.
Remember to Enter these totals in the web portal.**

In order to avoid a \$150 late report penalty , under Act 300 of 1993, your remittance report and money must be received in this office by the 15th calendar day following the end of each month the money is due or be postmarked no later than the 14th day of the month due. If the 14th falls on a Saturday, Sunday or National Holiday you will have until the next workday to postmark your remittance report. THIS IS THE ONLY NOTICE YOU WILL RECEIVE!